

## Medicaid Well Child Check-Ups Timeline: Birth to 21

	Birth to 1 month	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	2 yrs	3 yrs	4 yrs	5 yrs	6 yrs	8 yrs	10 yrs	12 yrs	14 yrs	16 yrs	18 yrs	20 yrs
Immunizations																				
History: Initial/Interval																				
Blood Pressure																				
Head Circumference																				
Height & Weight																				
Hearing Screening																				
Vision Screening																				
Developmental/ Behavioral Assessment																				
Dental Inspection/ Referral																				
Physical Exam																				
Lead Screening																				
Cholesterol Screening																				
Diabetes																				
Hematocrit/Hemoglobin																				
Sickle Cell																				
Pelvic Exam																				
STD Screening																				
TB Test																				
Urine Test																				
Anticipatory Guidance																				
Injury Prevention																				
Interpretive Conference																				
Nutrition Assessment																				
Sleep Position Counseling																				
Violence Prevention																				

### Key

Routine	
Objective Test (standardized testing method)	
Test High Risk Children	H
All Menstruating Females	
Mandatory if not previously tested	

### Notes

1. EPSDT guidelines require that the oral cavity be inspected at each well child visit regardless of whether or not teeth have erupted. A direct dental referral is required for every child according to AAP recommendations and at other intervals as medically necessary. AAP recommends a dental referral at 3 years of age or earlier if determined to be medically necessary.
2. All Medicaid-covered children are considered at high risk for blood lead poisoning.
3. Positioning of infants through six months of age is to be discussed at each visit.
4. EPSDT screening is to include an interpretive conference to explain the results of the well child visit to the beneficiary and/or parent or guardian.